

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766176

**Entity Name:** IRISH AMERICAN ORTHOPAEDIC SOCIETY, INC.

**Current Principal Place of Business:**

110 WEST RD  
SUITE 227  
TOWSON, MD 21204

**Current Mailing Address:**

110 WEST RD  
SUITE 227  
TOWSON, MD 21204 US

**FEI Number:** 59-2253980

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

|                 |                          |                 |                            |
|-----------------|--------------------------|-----------------|----------------------------|
| Title           | PRESIDENT                | Title           | EXECUTIVE DIRECTOR         |
| Name            | MULDOON, MICHAEL P DR.   | Name            | FLOYD, CINDYLEE JR.        |
| Address         | 110 WEST RD<br>SUITE 227 | Address         | 110 WEST ROAD<br>SUITE 227 |
| City-State-Zip: | TOWSON MD 21204          | City-State-Zip: | TOWSON MD 21204            |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CINDYLEE FLOYD

**EXECUTIVE DIRECTOR**

**02/23/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date